

## **CERTIFICATE OF AUTHENTICITY**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STUDENT AGE \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL PHONE NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_

SCHOOL CONTACT E-MAIL \_\_\_\_\_

STUDENT'S GUARDIAN CONTACT PHONE NUMBER: \_\_\_\_\_

THIS IS TO CERTIFY THAT THIS IS THE ORIGINAL ARTWORK OF:

\_\_\_\_\_

SIGNED: PARENT      TEACHER      GUARDIAN      (Circle One)

\_\_\_\_\_

**\*FAILURE TO COMPLETE THIS FORM WILL RESULT IN DISQUALIFICATION\***